



City of Leesburg
Contractor Registration Form

Building Services Department
204 N. 5th Street
Leesburg, FL 34748
Phone: (352) 728-9760
Fax: (352) 326-6617

Date: _____

| | | | | | |
|------------------|--|-------|--|-----|--|
| Business Name | | | | | |
| Contractor Name | | | | | |
| Business Address | | | | | |
| City | | State | | Zip | |

| | |
|-----------------|--|
| Contractor Type | |
|-----------------|--|

| | |
|----------------|--|
| Business Phone | |
| Cell Phone | |
| Fax Number | |
| E-mail | |

Please attach the follow:

-
- Copy of State License
 - Copy of Local Business Tax Receipt
 - Copy of Workers Comp Certificate or Exempt Card
 - Copy of Liability Certificate of Insurance

Certificates of insurance must be made out to:

City of Leesburg
204 N. 5th Street
Leesburg, FL 34748